

UPDATE

Sharp Asthma Rate Rise in Southern US City: Study

Asthma rates among African-American children living in Charleston, South Carolina, have skyrocketed since 1970, new study findings demonstrate. A worldwide increase in both the incidence and severity of asthma has been documented. In the US, this increase has disproportionately affected African-American children.

To investigate when the increase occurred in Charleston and how various racial groups were affected, Dr. Dana D. Crater of Children's Hospital in Charleston and colleagues reviewed the rate of hospital discharges after asthma treatment at the Medical University of South Carolina from 1956 to 1997. Their findings are published in the December 6th issue of Pediatrics online.

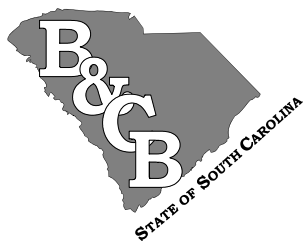
The hospital was the main center for inpatient treatment of children in the area, the authors point out, and the only place where uninsured children could receive care. Beginning in 1970, rates of asthma hospitalization began increasing steadily among African Americans of all ages, the researchers note. The most dramatic rise was seen for African-American children younger than 18. Increased rates of asthma hospitalization were also seen in whites under 18.

Among African-American children, the rate of hospital discharge after asthma treatment went from 18 per 100,000 in 1970 to 370 per 100,000 in 1997--a 20-fold increase. The increase was five-fold among white children and rates did not begin to climb until around 1980, the report indicates.

One possible explanation for the increase, Crater and colleagues suggest, is the fact that children are exercising less and are more likely to be obese. Sedentary lifestyle and obesity are both associated with asthma risk. "The results of this study provide clear evidence of an increase in asthma among black children living in a southern US city during a 30-year period," the authors write.

"The time course of these increases parallels increases reported in other Western populations, suggesting that there must be one or more common factors contributing to the rise," Crater's team concludes.

SOURCE: Pediatrics 2001;108:e97



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